

Speech, Language, and Hearing Services for Children



AMERICAN
SPEECH-LANGUAGE-
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ASSOCIATION

A Smart Investment



Introduction

Children with speech, language, and hearing disorders struggle to communicate with others and to express themselves. If left untreated, these disorders can affect a child's ability to interact with others and can impact their educational and vocational potential.



Audiologists and speech-language pathologists can assist children with these disorders. These services can be provided throughout the lifespan but are often the most effective when disorders are identified and treated early.

Audiologists and Speech-Language Pathologists

Audiologists are experts in providing services in the prevention, diagnosis, and treatment of hearing and balance disorders. Services include determining candidacy for and selection, fitting, and programming of hearing devices and cochlear implants, audiologic rehabilitation, and monitoring for ototoxicity of the auditory and vestibular systems as a result of prescription drugs or treatments, such as chemotherapy. Audiologists hold a master's or doctoral degree in audiology from an accredited program and are licensed in all states and in the District of Columbia.

Speech-language pathologists (SLPs) are experts in assessing, diagnosing, and treating speech-language and swallowing disorders, including speech sound disorders, stuttering, voice disorders, and language deficits. They provide services and devices for augmentative and alternative communication (AAC)—for example, speech-generating devices. SLPs hold a master's or doctoral degree in speech-language pathology from an accredited program and are licensed in all states and in the District of Columbia.

Learn more about these disorders, discover treatment options, and find a professional at <http://www.asha.org/public/>.

Children Need Speech, Language, and Hearing Services

ASHA's *Identify the Signs* campaign (<http://identifythesigns.org/>) can help you understand what to look for. Here are some examples of how speech, language, and hearing services work.

- When Jared was born, he received a newborn hearing screening in the hospital that indicated a possible hearing loss. His parents took him for a follow-up hearing screening, which was suggested at the hospital. The follow-up screening indicated the need for further testing, and he was referred to a pediatric audiologist. The audiologist confirmed a moderate hearing loss in both ears. The family chose an auditory/oral communication approach for Jared. This treatment included being fitted with hearing aids (one for each ear) at 3 months of age. He was also recommended for biweekly intervention services provided by an audiologist and a speech-language pathologist with a focus on auditory/listening skills, speech and language development, and parent education. After 3 years of consistent hearing aid use and regular treatment services, Jared entered preschool with normal receptive and expressive language.



- Sarah is a 2-year-old child with a bilateral cleft palate that was surgically repaired at 11 months of age. Now, when she speaks, her speech sounds are not clear, and she has excessive nasality that impairs her ability to communicate. Sarah's care is coordinated by a cleft palate/craniofacial team that includes a plastic surgeon, an orthodontist, an SLP, a pediatrician, and additional providers. The SLP assesses Sarah's articulation, language, voice, and resonance and determines the presence of nasal emission during consonant production. Treatment may include (a) surgery to eliminate hypernasality and/or nasal emission and (b) speech-language therapy to correct abnormal compensatory articulation placement errors. With appropriate speech-language services, Sarah will learn techniques to correct her speech errors and increase speech intelligibility, allowing her to communicate with others at an age-appropriate level. Professional collaboration with the cleft palate/craniofacial team and a coordinated care plan will ensure that Sarah achieves maximum functional communication.

- Ethan is a 4-year-old with lots to say, but speech and language impairments get in the way. His speech is only 65% intelligible, causing him frustration. Ethan has weak oral-motor coordination skills, which affects his ability to make the precise motor movements necessary for speech. Ethan sees an SLP twice a week to learn correct sound production and to develop his language skills to age-level expectations. He is gaining communication proficiency and confidence with each treatment session.

Employers Can Play a Role

Most employers want to provide health plan coverage that offers necessary services for children, including speech, language, and hearing services. Despite the need for these services, employers are surprised to find that

- common policy language covers adults but often excludes coverage for children and
- adding pediatric speech, language, and hearing coverage to benefit plans is inexpensive and cost-effective.

Policy Language Can Be Confusing and Misleading

Speech, language, and hearing coverage policy can be confusing. Here are some examples:

- Speech-language therapy for a child may not be covered if the policy states that therapy is approved for disorders that are “acquired” or are the result of “an accident, illness, or injury.” Children with communication disorders usually “acquire” the disorder congenitally or during the neonatal period. Therefore, the exact “accident, illness, or injury” that caused the disorder is usually impossible to determine.
- Therapy may also be denied if the policy states that therapy must “restore speech” or provide “rehabilitation.” This means that, in order for coverage to be approved, the child must have developed speech, then subsequently lost the ability to speak. However, children who need speech-language services have a disorder that disrupts or prevents the acquisition of communication skills from birth.
- Coverage may be denied if the disorder is characterized as a “developmental delay.” Insurance companies often argue that developmental delay is an educational issue and not a medical condition. However, developmental delay is not a cause but rather a symptom of a neurological disorder, which is a medical condition. The neurological disorder causes a disruption in the development of speech and language skills.

Early Access to Speech, Language, and Hearing Services Is Vital

A critical period of speech and language development occurs between birth and age 5. During this time, the child's central nervous system is rapidly developing in response to auditory, visual, and tactile stimulation. If communication skills are not developing normally, therapy should be started immediately in order to take advantage of this critical period. If therapy is delayed, the brain becomes "hard-wired." As a result, it takes much longer to achieve results through therapy—and the outcomes of treatment are often less successful.

Children who need—but do not receive—speech, language, and/or hearing services can ultimately drive up health care costs and other societal costs. Untreated speech, language, and hearing disorders can lead to poor school performance, behavior disorders, depression, and limited vocational potential. However, if treated early, these children can receive a chance to reach their full potential and become positive contributors to society.

The Cost of Adding Speech, Language, and Hearing Services Is Minimal

Milliman provides an estimate of the total cost of providing selected hearing services, speech-language therapy, and hearing supplies, devices, and related professional services, in a commercial employer group population, noting a utilization rate of approximately one per thousand, with PMPM (per member per month) claim costs of approximately \$1.48 for 2014. These estimates are based on current levels of coverage, eligibility and benefit design.



Investing in Pediatric Therapy Coverage Can Benefit the Employer's Bottom Line

According to a report released by the National Business Group on Health (NBGH), investing in pediatric therapy and improving the health of children benefits employers in at least four ways:

1. **Lower health care costs.** Healthy children use less health care services.
2. **Increased productivity.** Parents of healthy children miss fewer workdays than those with ill children and are less likely to take family medical leave, personal sick leave, or paid time off due to a child's health problem. They may also be more productive at work because they do not suffer stress related to caregiving.
3. **Improved retention/reduced turnover.** Employers with comprehensive benefits are able to recruit and retain the best employees.
4. **Healthier future workforce.** Children and adolescents of today are the workforce of tomorrow. Employers benefit (from lower health care costs and improved productivity) when the people in the community or region where they recruit are healthy.



What You Can Do

Be sure your company's health insurance plan covers speech, language, and hearing services for all children, including those with disorders that are congenital, neurological, developmental, or functional in nature. Visit your employer's human resources office today.

The American-Speech-Language-Hearing Association has staff available to assist with speech, language, and hearing coverage policies. Please contact us at reimbursement@asha.org.

About ASHA

The American Speech-Language-Hearing Association (ASHA) is the national professional, scientific, and credentialing association for 191,500 members and affiliates who are audiologists; speech-language pathologists; speech, language, and hearing scientists; audiology and speech-language pathology support personnel; and students. These individuals are qualified to meet the needs of the estimated 49 million children and adults in the United States with communication disorders.

Know the Facts About Speech, Language, and Hearing Disorders

- 2–3 of every 1,000 children in the United States are born with a detectable level of hearing loss in one or both ears.
- Nearly 1 in 12 (7.7 %) U.S. children ages 3–17 has had a disorder related to voice, speech, language, or swallowing in the past 12 months.
- More than 3 million Americans (about 1%) stutter. Stuttering can affect individuals of all ages but occurs most frequently in young children between the ages of 2 and 6.

i. American Speech-Language-Hearing Association. (n.d.). *Essential Coverage: Rehabilitative and Habilitative Services and Devices*. Retrieved from <http://www.asha.org/uploadedFiles/Rehabilitative-Habilitative-Services-Devices.pdf>

ii. American Speech-Language-Hearing Association. (n.d.). *Essential Coverage: Rehabilitative and Habilitative Services and Devices*. Retrieved from <http://www.asha.org/uploadedFiles/Rehabilitative-Habilitative-Services-Devices.pdf>

iii. Cincinnati Children's Hospital Medical Center. (n.d.). *Speech Therapy for Children, A Smart Investment*. Retrieved from <https://www.cincinnatichildrens.org/search?q=a+smart+investment&site=entire-site&start=10>

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vi. Milliman is an actuarial consulting firm with offices worldwide.

vii. National Business Group on Health. (2008). *Investing in Maternal and Child Health: An Employer's Toolkit*. Retrieved from http://www.businessgrouphealth.org/toolkits/et_maternal.cfm

viii. National Institute on Deafness and Other Communication Disorders. (2016). *Statistics and epidemiology*. Retrieved from <https://www.nidcd.nih.gov/health/statistics>



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